

<i>SERFF Tracking Number:</i>	<i>DDPA-126841774</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dentegra Insurance Company</i>	<i>State Tracking Number:</i>	<i>46973</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>AARP-DIC-AR (Certificate Amend - Implants - AR)</i>		
<i>Project Name/Number:</i>	<i>AARP-DIC-AR (Certificate Amend - Implants - AR)/10-0104</i>		

Filing at a Glance

Company: Dentegra Insurance Company	SERFF Tr Num: DDPA-126841774	State: Arkansas
Product Name: AARP-DIC-AR (Certificate Amend - Implants - AR)	SERFF Status: Closed-Approved-Closed	State Tr Num: 46973
TOI: H10G Group Health - Dental	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: H10G.000 Health - Dental	Authors: Lisa Kissel, Rachel Herzke, Chastity Yusta	Reviewer(s): Rosalind Minor
Filing Type: Form	Date Submitted: 10/04/2010	Disposition Date: 10/11/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: AARP-DIC-AR (Certificate Amend - Implants - AR)	Status of Filing in Domicile: Pending
Project Number: 10-0104	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 10/11/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/11/2010
Deemer Date:	Created By: Chastity Yusta
Submitted By: Chastity Yusta	Corresponding Filing Tracking Number: 10-0104
Filing Description:	
Form Number: ARP-DIC-COC-AMEND-AR-1	
Forms Name: AARP Certificate of Coverage Amendment 1 - Implants	
NAIC #: 73474	
SERFF Tracking No.: DDPA-126841774	
Company Tracking No.: 10-0104	

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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
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Dear Sir or Madam:

Dentegra Insurance Company is submitting the Certificate of Coverage Amendment (Form Number ARP-DIC-COC-AMEND-AR-1) for review and approval. This is a new amendment and does not replace any on file with your Department. The purpose of the amendment is to add a new implant benefit to the Certificate of Coverage provided to Enrollees in the AARP Dental Insurance Plan.

This amendment modifies the Certificate of Coverage (Form Number CC-DN-AR(DELTAUSA1-2004)D) approved by your department on June 21, 2004.

Our effective date of use of the revised Certificate of Coverage will be the earlier of the date the filing is approved or the date it is deemed approved by your Department.

Thank you for assisting us in this filing process. If there are any questions, please contact me at (916) 861-2768 or at cyusta@delta.org.

Company and Contact

Filing Contact Information

Chastity Yusta, Regulatory Analyst
11155 International Drive
Rancho Cordova, CA 95670
cyusta@delta.org
916-861-2768 [Phone]
916-861-2748 [FAX]

Filing Company Information

Dentegra Insurance Company	CoCode: 73474	State of Domicile: Delaware
100 First Street	Group Code: 2479	Company Type: LAH
San Francisco, CA 94105	Group Name: Dentegra Group, Inc.	State ID Number:
(866) 714-7730 ext. [Phone]	FEIN Number: 75-1233841	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	State of domicile is Delaware.
Per Company:	No

SERFF Tracking Number: *DDPA-126841774* *State:* *Arkansas*
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Company Tracking Number:
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Product Name: *AARP-DIC-AR (Certificate Amend - Implants - AR)*
Project Name/Number: *AARP-DIC-AR (Certificate Amend - Implants - AR)/10-0104*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dentegra Insurance Company	\$50.00	10/04/2010	40233383

SERFF Tracking Number:	DDPA-126841774	State:	Arkansas
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TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/11/2010	10/11/2010

<i>SERFF Tracking Number:</i>	<i>DDPA-126841774</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>DDPA-126841774</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	AARP Certificate of Coverage	Approved-Closed	Yes
	Amendment 1 – Implants		

SERFF Tracking Number: DDPA-126841774 State: Arkansas

Filing Company: Dentegra Insurance Company State Tracking Number: 46973

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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: AARP-DIC-AR (Certificate Amend - Implants - AR)

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Form Schedule

Lead Form Number: ARP-DDIC-COC-AMEND-AR-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/11/2010	ARP-DDIC-COC-AMEND-AR-1	Certificate Amendmen t, Insert Page, Endorsement or Rider	AARP Certificate of Coverage Amendment 1 – Implants	Initial			ARP-DIC-COC-AMEND-AR-1 DIC COC Amendment - Implants Standard 9-10-2010.pdf

AMENDMENT NO: 1

The Certificate of Coverage (Form# CC-DN-AR(DELTUSA1-2004)D) for the AARP Dental Insurance Plan, underwritten by Dentegra Insurance Company and administered by Delta Dental Insurance Company is hereby **AMENDED** effective January 1, 2011 as follows:

- a) The first paragraph in the section titled **Eligibility Requirement** under the section titled **Eligibility and Enrollment** is **AMENDED** to read as follows:

Eligibility Requirement

At least one enrolled family member must be an active AARP member who will be designated as the Primary Enrollee. You may enroll for individual, two-party, or family coverage. Primary Enrollees electing to enroll their eligible family members must enroll them: 1) at the time the Primary Enrollee enrolls; 2) or within 90 days of the Primary Enrollee's initial enrollment; 3) or within 90 days of the birth of a newborn child or before the next premium due date, whichever is later; 4) or within 60 days after the filing of the petition for adoption of an adopted child; or 5) within 31 days of a Qualifying Status Change.

- b) The fourth paragraph in the section titled **Eligibility Requirement** under the section titled **Eligibility and Enrollment** is **AMENDED** to read as follows:

Qualifying Status Change is a change in:

- legal marital status (marriage, divorce, legal separation, annulment or death); or
- number of dependents (a child's birth, adoption of a child, placement of child for adoption; addition of a step or foster child or death of a child); or
- a loss of coverage under a previous dental benefits plan for reasons other than exceeding the annual or lifetime maximum benefits and provided that coverage existed for 90 continuous days without a break in coverage of more than 63 days; or
- a dependent child ceases to satisfy eligibility requirements (limiting age or marital status); or
- a court order requiring dependent coverage.

- c) The section titled **Prosthodontics** under the section titled **Covered Benefits** is **AMENDED** to read as follows:

Prosthodontics — Services include materials and procedures for construction of fixed bridges, partial dentures and complete dentures; implant surgical placement and removal, implant supported prosthetics (including implant repair and recementation); if provided to replace missing natural teeth. Services for implants include procedures for endodontic endosseous, endosteal, eposteal and transosteal implants; implant connecting bars and implant repairs.

Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Prosthodontic appliances, implants and abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant and abutment crown under any plan procedure.

- d) The section titled **Optional Treatment** under the section titled **Covered Benefits** is **AMENDED** to read as follows:

Optional Treatment

In all cases in which there are optional plans of treatment, Delta Dental will make payment based on the applicable percentage of the fee appropriate to the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner. The Primary Enrollee will be responsible for the balance of the treatment cost. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns or other means of unbundling procedures into individual components not customarily performed alone in generally accepted

dental practice. It is to your advantage to have your dentist request a pre-treatment estimate prior to receiving optional treatment.

- e) Item #12 in the section titled **Excluded Benefits** under the section titled **Appendix A, Limitations and Exclusions** is **DELETED** in its entirety.
- f) Item #1 of the section titled **Limitation on Optional Treatment Plan** under the section titled **Appendix A, Limitations and Exclusions** is **AMENDED** to read as follows:
 - 1. **Limitation on Optional Treatment Plan.** In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the Enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.
- g) Item #7 of the section titled **Limitation on Prosthodontic Benefits** under the section titled **Appendix A, Limitations and Exclusions** is **AMENDED** to read as follows:
 - 7. **Limitation on Prosthodontic Benefits.** Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances, implants and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant and abutment crown under any plan procedure.

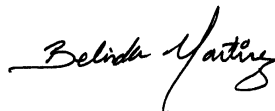
Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

The initial installation of a prosthodontic appliance and/or implant is not a Benefit unless the prosthodontic appliance, implant, bridge or denture is made necessary by natural, permanent teeth extraction during a time you were eligible under a Delta Dental program. Bone grafts provided for implants completed on the same day of service.
- h) The definition of **Implant** under the section titled **Definitions** is **AMENDED** to read as follows:

Implant: A support for a bridge or denture that has been surgically placed into the bone.
- i) The definition of **Subscriber** under the section titled **Definitions** is **AMENDED** to read as follows:

Primary Enrollee: The AARP member who applies for enrollment in the AARP Dental Insurance Plan. At least one enrolled family member must be an active AARP member who will be designated as the Primary Enrollee.
- j) Except as **AMENDED** all terms and provisions of the Certificate shall remain unchanged.

DENTEGRA INSURANCE COMPANY



Belinda Martinez, Senior Vice President

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/11/2010
Comments:		
Please see attached.		
Attachment:		
Readability Certification - signed.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	10/11/2010
Comments:		
Previous certificate forms: CC-DN-KS(DELTAUSA1-2004)D, Approved 6-21-2004		
Attachment:		
AR AARP COC APVL 2004-6-21.pdf		

Readability Certification

ACA 23-80-206(e)

As an authorized representative of the company, we have reviewed the enclosed policy form and certify that, to the best of our knowledge and belief, each form submitted meets your state's minimum statutory requirements relating to the readability of said forms.

Katherine L. Watts

Name



Signature

Vice President, Legal & Regulatory and
Assistant Secretary

Title

Date



**WESTMONT
ASSOCIATES, INC.**

June 2, 2004

Ms. Rosalind Minor
Life & Health Division
Arkansas Department of Insurance
1200 W. 3rd Street
Little Rock, AR 72201-1904

Via UPS Next Day Delivery

RECEIVED

JUN - 3 2004

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RE: Dentegra Insurance Company (formerly know as Provantis Insurance Company)

NAIC Group Code: 2479 - NAIC Company Code: 73474

CC-DN-AR(DELTUSA1-2004)D:Certificate of Coverage

Dear Ms. Minor:

In response to your letter of May 10, 2004, enclosed please find an original and one copy of the revised Certificate of Coverage with the following revisions:

1. On page 2 the address and phone number of the Arkansas Insurance Department have been corrected.
2. On Page 4, the time limit for furnishing proof of incapacity for handicapped dependents has been removed.
3. On Page 4, increasing coverage for newborns to at least 90 days.
4. On page 4, increasing coverage for minors for whom the insured has filed a petition to adopt to 60 days.

We trust these changes address your concerns, and we look forward to your department's approval. If you should have any questions, please contact our office.

Respectfully Submitted,

Charles A. Markus
(chuck@westmontlaw.com)

Enclosures

- Certificate of Coverage (original + 1 copy)

APPROVED
JUN 21 2004
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT